

HOT SPOT

Hang on Tight—Stories, Parables, Occurrences, Training

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Spotlight on Care

Care of an Individual having Anesthesia or Sedation for a Procedure

Ambulatory (or outpatient) anesthesia and surgical care has been proven safe, convenient and cost-effective. It may be performed in a variety of places such as a hospital, a freestanding surgery center or in a doctor's office. It is most important that the doctor, dentist or the anesthesiologist understand all the medical problems of the person. The caregiver must fully discuss arrangements for care that the person will receive once they are at home.

What about eating, drinking, smoking, taking medications before the anesthesia/sedation?

Generally, one should not eat or drink anything after midnight before the procedure. Also, please refrain from smoking. Some medications should be taken and others should not. It is important to discuss this with the doctor, dentist or anesthesiologist. Do not interrupt medications unless it is recommended. Aspirin use should be discontinued at least a week before elective procedures.

What happens the day of the procedure?

Anesthesia is a partial or complete loss of sensation, with or without loss of consciousness, because of administration of a drug that blocks the perception of pain. Sedation is the state of being calmed; usually occurs as the intended effect of a drug. The type of anesthesia/sedation a person receives depends on their general health and the type of procedure to be performed. The doctor, dentist or anesthesiologist is responsible for managing medical problems that might arise related to the procedure as well as any chronic medical conditions the person may have, such as asthma, diabetes, high blood pressure or heart problems. It is important to discuss all medical issues with the doctor, dentist or anesthesiologist before the procedure.

What can be expected after the procedure until going home?

For about 30 minutes after the procedure, the person will be

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MORTALITY ALERT!

A significant delay in medical treatment. **COULD THIS HAPPEN TO YOU?**

As a caregiver, just when do you call "911" for an individual? Could death be attributed to a significant delay in medical treatment? Does a caregiver always have to wait until the supervisor or the nurse comes to make an assessment? If the caregiver feels "uneasy" about the status of an individual, how long of a delay is too long? Will the agency take action against a caregiver that calls "911" and it later turns out to be unnecessary? Just where does a caregiver get answers to these kinds of questions?

Each agency within DMRS is to have a policy and procedure for the care of an individual in an emergency (Information Bulletin 98-23: Development of Provider Agency Policies and Procedures). Medical crisis plans are developed for individuals requiring them. It is the responsibility of the agency to provide instruction to all staff concerning these documents. The status of an individual may change very quickly. Staff need the option to initiate a "911" response even after an initial request for medical attention.

DMRS offers several training opportunities assisting in the recognition of health care issues for individuals. "When to Seek Medical Attention", "How to Ask Questions to Improve Health

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The HOT SPOT can be found on the web site for the State of Tennessee. Find it easily at www.state.tn.us/mental/publicate.html

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watched closely. During this period, a person may be given extra oxygen and breathing and heart functions will be closely observed. Nausea or vomiting may be related to anesthesia/sedation, the type of procedure or postoperative pain. Most people are ready to go home between 1-4 hours after a procedure. The doctor, dentist or anesthesiologist will be able to give a more specific time estimate. Individuals do well after ambulatory anesthesia/sedation with the assistance of a caregiver. Do not allow the doctor, dentist or anesthesiologist to assume that "nursing" care is available at the home if it is not.

What can be expected once the person is at home?

Drowsiness and minor after-effects are often experienced following ambulatory anesthesia/sedation. These may include muscle aches, a sore throat and occasional dizziness or headaches. Be sure to follow the instructions given. These instructions are important to permit the fastest, safest recovery possible. Nausea may also be present, but vomiting is less common. These side effects usually go away quickly, but it may take several days before they are gone completely. Plan to have the person take it easy for a few days after the procedure. Ask if the individual is to be restricted if they are involved in going to work, school activities, community outings, or day programs. Get written confirmation of any restrictions and share this information with the necessary personnel.

What instructions will be needed to continue recovery at home?

Please ask questions! Take notes! Both written and verbal instruction will be given. Most facilities have both general instructions and instructions that apply to the specific procedure. Get a phone number that is answered 24 hours a day. Even a slight elevation in temperature may be cause for concern. A call with a concern should not be delayed. Observe the person for nonverbal behavior and note expressions of feelings and concerns. Report immediately any concerns with bleeding, breathing difficulties, fever, and problems swallowing, eating or using the bathroom. Report anything that appears unusual or significant.

Written instructions for activity, diet, exercise, wound care, and medications may include:

- Guidelines for the disposal of soiled dressings and supplies.
- How to administer prescribed drugs.
- How to care for the procedure site.
- Review dressing change technique with the caregiver.
- What drugs to use for relieving pain.
- When and where to return for a medical appointment.
- When normal activity can be resumed.
- Which foods to consume or avoid.
- Written instructions regarding the signs and symptoms of complications to report.

MORTALITY ALERT!

**A significant delay in medical treatment. .
COULD THIS HAPPEN TO YOU?** *from page 1*

Care", and "Supporting People with Developmental Disabilities in the Health Care System" are available from the regional Nursing Department for agency trainers. Check the web for available dates and times. www.state.tn.us/mental2/setment/training.htm

All caregivers need to take the appropriate steps when a significant change in an individual's health status is observed. Needed medical attention must be provided in a timely fashion. Failing to take the appropriate steps when significant changes in health status are observed may result in death. There is a need for communication of changes in health status once observed. Each agency must examine their practices and procedures concerning timely and appropriate assessment and treatment of medical problems. Each individual must have a medical crisis plan established for such emergencies. The agency must give direction to the direct care staff in communication of changes in health status. Every staff person must be trained on the agency policy for urgent/ emergent care. No caregiver should ever fear reprisal for calling the "911" system.

All individuals deserve proper health and safety. Support coordination agencies are reminded of the critical need to ensure that approval for needed services is obtained. All requests for services that are questioned require follow-up until resolution. The Independent Support Coordinator is responsible for including all individualized medical crisis plans in the annual plan.

Fishing in Tennessee?

Wondering if you, as a caregiver, can take a person with MR/DD fishing in Tennessee? You need a license for yourself and the individual. When is the best time to go fishing? Anytime you can! Although Tennessee's fishing is excellent year-round, it is best in the spring and fall. In fact, fall fishing is the most undiscovered bonanza we have. Water and weather conditions are usually favorable in September, October and early November.

If you take fish or attempt to take fish by any method or if you assist someone else to do so, you must have a valid fishing license. Fishing licenses go on sale March 1 each year, the beginning of prime fishing, and are valid through the last day of February. You can purchase most licenses, except the Lifetime Sportsman License, from most county court clerks, sporting goods stores, hardware stores, boat docks and all Tennessee Wildlife Resources Agency regional offices.

NOTE: The following licenses are available only by application (which can be obtained from any agent and then mailed) from the TWRA Sales Office located in Nashville. They are available for a one-time fee and are valid for the rest of the license holder's life. They are not Lifetime Sportsman Licenses. Additional permits may be required.

Permanent Wheelchair Hunting and Fishing (Type 189) _____ \$10.00
Permanent Mentally Challenged (Type 199) _____ \$10.00
Must be receiving SSI benefits due to mental retardation.

SPOTLIGHT ON MEDICAL ERRORS

20 Tips to Help Prevent Medical Errors

Medical errors are one of the Nation's leading causes of death and injury.

What are Medical Errors?

Medical errors happen when something that was planned as a part of medical care does not work out. Medical errors can occur anywhere in the health care system:

- Hospitals.
- Outpatient Surgery Centers.
- Nursing Homes.
- Patients' Homes.
- Clinics.
- Doctors' Offices.
- Pharmacies.

Errors can involve:

- Medicines.
- Diagnosis.
- Lab reports.
- Surgery.
- Equipment.

They can happen during even the most routine tasks, such as when a hospital patient on a salt-free diet is given a high-salt meal.

Most errors result from problems created by today's complex health care system. But errors also happen when doctors and their patients have problems communicating. For example, a recent study supported by the Agency for Healthcare Research and Quality (AHRQ) found that doctors often do not do enough to help their patients make informed decisions. As a caregiver, you must be aware of the complete plan of treatment. Ask questions and write down instructions.

1. The single most important way you can help to prevent errors is to be an active member of the health care team.

That means taking part in every decision about health care. Research shows that people who are more involved with their care tend to get better results.

Medicines

2. Make sure that all of your doctors know about everything you are taking. This includes prescription and over-the-counter medicines, and dietary supplements such as vitamins and herbs.

At least once a year, bring all of your medicines and supplements with you to the doctor. "Brown bagging" your medicines can help you and your doctor talk about them and find out if there are any problems. It can also help the doctor keep your records up to date, which can help you get better quality care. This must be done with each doctor that you see on a regular basis (specialists, psychiatrists, etc.).

3. Make sure the doctor knows about any allergies and adverse reactions you have had to medicines.

This can help you avoid getting a medicine that can harm you.

4. When the doctor writes you a prescription, make sure you can read it.

If you cannot read the doctor's handwriting, the pharmacist might not be able to either.

5. Ask for information about your medicines in terms you can understand—both when your medicines are prescribed and when you receive them.

- What is the medicine for?

- How am I supposed to take it, and for how long?
- What side effects are likely? What do I do if they occur?
- Is this medicine safe to take with other medicines or dietary supplements I am taking?
- What food, drink, or activities should I avoid while taking this medicine?

6. When you pick up medicine from the pharmacy, ask: Is this the medicine that my doctor prescribed?

A study by the Massachusetts College of Pharmacy and Allied Health Sciences found that 88 percent of medicine errors involved the wrong drug or the wrong dose.

7. If you have any questions about the directions on medicine labels, ask.

Medicine labels can be hard to understand. For example, ask if "four doses daily" means taking a dose every 6 hours around the clock or just during regular waking hours.

8. Ask the pharmacist for the best device to measure your liquid medicine. Also, ask questions if you are not sure how to use it.

Research shows that many people do not understand the right way to measure liquid medicines. For example, many use household teaspoons, which often do not hold a true teaspoon of liquid. Special devices, like marked syringes, help people to measure the right dose. Being told how to use the devices helps even more.

9. Ask for written information about the side effects that the medicine could cause.

If you know what might happen, you will be better prepared if it does—or, if something unexpected happens instead. That way, you can report the problem right away and get help before it gets worse. A study found that written information about medicines could help patients recognize problem side effects. Then give that information to the doctor or pharmacist.

Hospital Stays

10. If you have a choice, choose a hospital at which many patients have the procedure or surgery you need.

Research shows that patients tend to have better results when they are treated in hospitals that have a great deal of experience with their condition.

11. If you are in a hospital, consider asking all health care workers who have direct contact with you whether they have washed their hands.

Handwashing is an important way to prevent the spread of infections in hospitals. Yet, it is not done regularly or thoroughly enough. A recent study found that when patients checked whether health care workers washed their hands, the workers washed their hands more often and used more soap. Remember that in many hospitals today health care workers use a special solution to clean their hands. This solution may not require the traditional soap and water routine.

12. When you are being discharged from the hospital, ask the doctor to explain the treatment plan to be used at home.

This includes learning about medicines and finding out when to get back to regular activities. Research shows that at discharge time, doctors think their patients understand more than they really do about what they should or should not do when they return home. As a caregiver, let the doctor know the exact situation involving home care. Many doctors assume there are nursing services present in supported living homes.

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Surgery

13. If you are having surgery, make sure that you, the doctor, and the surgeon all agree and are clear on exactly what will be done.

Doing surgery at the wrong site (for example, operating on the left knee instead of the right) is rare. However, even once is too often. The good news is that wrong-site surgery is 100 percent preventable. The American Academy of Orthopedic Surgeons urges its members to sign their initials directly on the site to be operated on before the surgery.

Other Steps You Can Take

14. Speak up if you have questions or concerns.

You have a right to question anyone who is involved with your care. Caregivers can and should ask questions.

15. Make sure that someone, such as your personal doctor, is in charge of your care.

This is especially important if you have many health problems or are in a hospital.

16. Make sure that all health professionals involved in your care have important health information about you.

Do not assume that everyone knows everything they need to. Caregivers may need to assist with the presentation of health information when the individual is unable to correctly recall information.

17. Ask a family member or friend to be there with you and to be your advocate (someone who can help get things done and

speak up for you if you cannot).

Even if you think you do not need help now, you might need it later.

18. Know that “more” is not always better.

It is a good idea to find out why a test or treatment is needed and how it can help you.

19. If you have a test, do not assume that no news is good news.

Ask about the results. Caregivers need to be aware of privacy issues when accepting information.

20. Learn about your condition and treatments by asking the doctor and nurse and by using other reliable sources.

For example, treatment recommendations based on the latest scientific evidence are available from the National Guidelines Clearinghouse at <http://www.guideline.gov>. Ask the doctor if your treatment is based on the latest evidence.

Pursuant to the State of Tennessee's policy of nondiscrimination, the Department of Mental Health and Developmental Disabilities does not discriminate on the basis of race, sex, religion, color, national or ethnic origin, age, disability, or military services in its policies, or in the admission or access to, or treatment or employment in, its programs, services or activities.

The Tennessee Department of Mental Health and Developmental Disabilities is committed to principles of equal opportunity, equal access and affirmative action. Contact the department's EEO/AA Coordinator at (615) 532-6580, the Title VI Coordinator at (615) 532-6700 or the ADA Coordinator at (615) 532-6700 for inquiries, complaints or further information. Persons with hearing impairment should call (615) 532-6612.



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